



# The Arthritis Trust

Dedicated To Eradicating Rheumatoid Disease From The Earth

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## In Memoriam: Gus J. Prosch, Jr., M.D.

by Perry A. Chapdelaine, Sr.

The Roger Wyburn-Mason and Jack M. Blount Foundation  
for the Eradication of Rheumatoid Disease

aka: The Arthritis Trust of America  
7376 Waker Road • Fairview, TN 37062

It was sometime in 1981 when I received a most peculiar telephone call. A "Dr. Prosch" was on the phone, and he wanted to talk to me about driving up from Birmingham, AL to visit me at my home and office in Franklin, TN.

I can remember in the early 1940's when our family doctor, Dr. Smiley, sat beside my mother's bedside at our home, waiting for signs of recovery from pneumonia during a winter time in Mason City, Iowa. Scratching my head very hard, I could only remember one other time when a pediatrician visited our home in Mobile, Alabama to administer to one of my sick children. Since then, such visits had been quite sparse.

Dr. Prosch had just visited Jack M. Blount, Jr., M.D. in Philadelphia, MS where he'd sat in while Dr. Blount administered Prof. Roger Wyburn-Mason's new rheumatoid disease treatment to patients, eventually treating more than 17,000.

Using the same treatment, Dr. Blount also had treated and cured Dr. Prosch of a "rheumatoid" back that had plagued him for many years.

Sometime during Prosch's visit with Blount, Dr. Blount mentioned that he'd by mail provided me with prescriptions for rheumatoid arthritis, and that I'd gotten well in six weeks.

Dr. Prosch's mission, at this time, was to determine for himself the truth of Dr. Blount's assertions about the Wyburn-Mason protocol. Although Dr. Prosch had been cured himself, and had talked to a number of happy former arthritics, he'd not had the opportunity to sit down and question and observe anyone in detail.

Was it worth his time and six hour roundtrip drive?

Apparently Dr. Prosch thought it was, for that's the purpose for the telephone call, and the request to visit!

At that time my office was a converted tractor barn, rugged on the outside but quite comfortable inside. Gus -- as I and many of his friends called him -- faced one another easily, but before he questioned

about my rheumatoid arthritis symptoms and how they'd disappeared, he kindly took the time to explain about his own background. I was most impressed with his candor and honesty.

One of his specialties was in helping patients to lose weight. Keep in mind that this was not always an "honorable" profession, as many really "reputable" doctors facetiously called him "The Fat Doctor." Now, of course, it's a "reputable" subject not only because Americans are seriously showing the nature of their food intake, but also because there's a great deal of medical money to be made talking folks into eating less and exercising more!

(His explanation of the difference between brown fat and white fat, and the central role of brown fat in being able to burn up white fat is seldom seen in diet reduction plans! To create brown fat, of course, requires essential fatty

acid intake.)

It was only later that I understood the significance of the specific characteristics he looked for in me -- increasing number of joint pains, swollen and inflamed and painful joints, depression, et. al.

Apparently Dr. Prosch was convinced of the efficacy of the treatment, and so he added the Wyburn-Mason/Blount rheumatoid disease protocol to his lexicon of treatments which helped thousands more through his clinic.

Of the many health professionals I've met since then, Gus stood out on two counts: (1) always ready to explore a new reputedly successful therapy, no matter how crazy -- to me -- the therapy appeared, and (2) always willing to objectively observe and drop the treatment if it didn't provide good results.

So many alternative/complementary doctors -- indeed, every form of doctor -- get stuck on one modality, and will defend it forevermore even though better means may be at hand.

Together Gus Prosch, Jack Blount, Roger Wyburn-Mason, Dr. Paul Pybus and myself started The Roger Wyburn-Mason & Jack M. Blount Foundation

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Gus J. Prosch, Jr., M.D.  
November 17, 1930 - June 7, 2005  
Guntersville, Alabama Cemetery



Rex E. Newham, Ph.D., D.O., N.D.

## BORON: BECOMING RECOGNIZED AS AN ESSENTIAL MINERAL

by Rex E. Newham, Ph.D., D.O., N.D. (1986)  
Part 2 of 3 Parts

"We have heard of the importance of micro-essential minerals such as manganese, molybdenum, selenium, and vanadium. We know that calcium is required for sound bones. Now research shows that boron may play a key role in the retention of calcium. But, what is boron? The latest study conducted by the U.S. Department of Agriculture indicated that within 8 days of supplementing 3 mg. of boron, a test group of postmenopausal women lost 40 percent less calcium, one-third less magnesium, and slightly less phosphorus through their urine. These are the minerals which make up our bones.

"Each day the women took a 3 mg. boron supplement in the form of sodium borate. They retained an average of 52 mg. more calcium which is equal to a gram of calcium every 20 days. The body contains roughly 1100 grams of calcium, so over a period of several years, that's a significant savings in calcium.

"The absorption of calcium into our body is a very complicated process. It requires sex hormones, especially estrogen. This is the reason why menopausal women, whose ovaries are no longer producing estrogen, have a hard time absorbing calcium. Even though many are taking a calcium supplement, most of the supplemental calcium is wasted through urination. Currently, estrogen replacement is the only proven treatment for Osteoporosis, the brittle bone disease that affects millions." [See *Chelation Therapy*<sup>13</sup> as well as *Prevention and Treatment of Osteoporosis*<sup>14</sup>; also note that, according to Gus Prosch, Jr., M.D., calcium should always be taken with an equal amount of magnesium, and both should be in

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a form that is bio-available: *Proper Nutrition for Rheumatoid Arthritis.*

"After the exciting discovery of calcium retention by a small boron supplement, a question arises. How can boron make such a dramatic difference? The answer is found in the blood serum of the experimental subjects. Researchers have discovered that the blood level of the most active form of estrogen — 17-beta estradiol — **DOUBLES** to the level found in women on estrogen replacement therapy; that's a fifty percent increase over the pre-study levels! Also, the blood levels of testosterone — a male hormone and precursor of estradiol — **MORE** than doubled.

"The researchers suspect that the body needs boron to synthesize estrogen, vitamin D, and other steroid hormones. It may also protect these hormones against rapid breakdown. Another study further substantiated this theory. A group of chickens were fed with a low vitamin D diet which normally would have stunted their bone growth. However, this phenomenon has been halted by the boron supplement, and the chickens are growing normally.

"Osteoporosis affects as many as 15 to 20 million older Americans predominately women. Each year Osteoporosis contributes to about 1.3 million fractures (primarily in the hip, spine and wrist) in people 45 years old and over. This costs an estimated \$3.8 billion annually [paid] to the medical industry.

"Calcium supplement sales are at an all-time high as women try to prevent bone loss. Unfortunately, only a certain type of bone, the cortical bones (the outer, harder layer of bone), are being strengthened from the added calcium intake. But the trabecular bone loss (the spongy bone in the spine and distal forearm where Osteoporosis frequently occurs) is not affected by calcium supplementation. Dr. Mark Hegsted, professor of Nutrition at Harvard University, stated that 'Osteoporosis looks like a dietary problem, not a calcium problem.' You need magnesium, boron, phosphorus, silicon etc., as much as calcium for maintaining the healthy state of all your bones.

"To make certain that boron can prevent or stop Osteoporosis, long term studies by monitoring bone mass while supplementing 3 mg. of boron per day will provide conclusive evidence to prove the worthiness of this supplement. At this time, we are making a very educated assumption that calcium and magnesium preserved by boron will end up saving our bones.

"Fruits and vegetables are rich in boron, especially apples, pears, nuts, leafy vegetables and legumes. The tables listed below show the boron content in some foods. As you can see, the average boron intake can vary greatly in individuals depending on their daily diet. Some have only 0.2 mg. per day, while vegetarians may consume up to 20 mg. of boron per day. Based on animal experiments, it seems reasonable that the human requirement for boron will be found to be near 1 to 2 mg. per day." [Dr. Newnham says: "Yet at this figure 90-100% of people develop arthritis if they live long enough." 5-6 mg. he feels, is nearer to optimum; Ed.]

"Since boron is rich in fruits and vegetables, the finding also indicates that vegetarians should have a much lower occurrence of osteoporosis. On the contrary, Eskimos, who eat almost no fruits and vegetables, have a very high incidence of bone demineralization, even during their youth. Excessive phosphorus, which is found in meat, also causes deterioration of bone (but that's another story)." [Consider the impact on health of carbonated drinks with their high and, for some, continuous intake of phosphorus; Ed.]

**Table 1**  
**Average Boron Content in Different Food Groups**

Food Group	Boron (ug/g dry weight)
Cereals	0.6-2.3ug
Meat	0.1-0.3ug
Fish	0.1-0.9ug
Dairy Products	0.1-1.5ug
Vegetable foods (fresh)	1.1-41ug
Vegetable foods (canned)	0.4-2.0ug
Fruit	0.8-3.8ug
Other	2.6ug"

[Dr. Newnham says that Young has provided these figures as average boron contents of certain food groups; and that "it would be much more meaningful if the maximum and minimum figures were also given. We should aim to get quality in our food, rather than a large quantity of mediocre food. Processed foods, freezing, canning do reduce the mineral contents. Even home cooking will reduce the mineral content if the cooking water is discarded."]

**Table 2**  
**Boron Content in a Serving**  
(mg. Boron per 100 ml.)

(3-1/3 fluid ounces or 0.42 cup) or 100 gr. (3-2/3 ounces, dry weight)	
Apple sauce, bottled	0.279mg
Grape Juice, bottled	0.202mg
Apple Juice, bottled	0.188mg
Peaches, canned	0.187mg
Broccoli, frozen flower	0.185mg
Broccoli, frozen stalks	0.089mg
Cherries, frozen	0.147mg
Pears, canned	0.122mg
Carrots, canned	0.075mg
Green beans, frozen	0.046mg
Orange juice, frozen	0.041mg
Lettuce, iceberg	0.039mg
Noodles, egg	0.037mg
Cornflakes, fortified	0.031mg
Bread, white enriched	0.020mg
Ice cream, vanilla	0.019mg
Potatoes, canned	0.017mg
Chicken breast, ground	0.005mg
Coffee, freeze dried	0.005mg
Rice, Minute	0.003mg
Milk, 2% fat	0.002mg
Beef, ground round*	Not detectable
Cheese, cheddar or cream*	Not detectable
Eggs, frozen	Not detectable
Sugar, granulated	Not detectable

\* [These vary from Table 1 and so supports the need for maximum and minimum values alongside average figures; Ed.]

[Dr. Newnham says, "There are 5 drinks and 20 foods in the above list. Normal people do not eat this much in a day and the total boron intake is [about] 1.7 mg. The only fresh and unprocessed food is the lettuce. When the frozen foods are thawed in the manner done by most people, much of the mineral content is lost."]

**Table 3**  
**Food With Highest Level of Boron**  
(In ug/g Fresh Weight)

Soy meal	28ug
Prune	27ug
Raisin	25ug
Almond	23ug
Rosehips	19ug
Peanut	18ug
Hazel nut	16ug
Date	9.2ug
Honey	7.2ug
Wines	8.5ug
Raisin	25ug

"Nature normally supplies boron in boric acid complex with sugar, polysaccharides, adenosine 5-

phosphate, pyridoxine, riboflavin, dehydroascorbic acid and pyridine nucleotides.

"Postmenopausal women, aged 48 to 82 were equilibrated with a low boron diet for 119 days. When they were given 3 mg of boron as a supplement, their calcium excretion through urine decreased, and estradiol (estrogen) and testosterone in their blood serum increased significantly.

Furthermore, the responses were not temporary: The beneficial result of boron supplementation seems to last for as long as the boron supplements are given.

"When the diet of the subjects contained adequate magnesium, the effects of boron became less significant. The reason is not yet fully understood.

"Even though there currently are no definitive answers for the total role of boron, the scientists who discovered the boron/calcium/estradiol connection suggest that boron may be crucial for the addition of the hydroxyl (OH) group onto the hormones and vitamin D. The presence of hydroxyl groups make a big difference in their hormonal characteristics. The differences between testosterone and estradiol (estrogen) are mainly determined by a single hydroxyl group.

"Actually, vitamin D behaves more as a hormone, rather than as a vitamin. The vitamin D which we get from food or from dietary supplementation is not fully activated. It requires a conversion in the liver, and also another conversion in the kidney in order to become fully active. This fully active vitamin D is called 1 alpha, 25 dihydro-cholecalciferol. People with a poor liver and/or kidney function are at a higher risk of getting Osteoporosis. As the name of the active vitamin D implies, dihydro means two hydroxyl groups contained in each vitamin D molecule. They make a big difference when it comes to biological activity.

"In excess, boron is harmful to plants, livestock and humans. Boron inhibits many enzymatic activities with harmful effects. These enzymes include xanthine oxidase, alcohol dehydrogenase, alkaline phosphatase, catechol oxidase, polyphenol oxidase, tyrosinase, peroxidase, IAA oxidase, phosphoglucose isomerase, phosphoglucomutase and phosphorylase (which inhibits starch synthesis). Enzymes are the machinery of metabolism. When one or more enzymes are hindered by toxic substances, the result can be fatal.

"How much boron is toxic? We have discussed the estimation of boron requirement, which is about 2mg per day (0.000017 ounces). Researchers found the lowest reported lethal dose of boric acid is about 45 gr. (1.6 ounce) for an adult and 2 gr. (0.07 ounces) for an infant." [This ends Young's paper. Dr. Newnham shows that 6mg per day of boron (0.000213 ounces) is necessary for good health; Ed.]

#### Additional Information

Since Dr. Newnham's paper was sent to our physicians in 1986, there has been considerably more research performed on the effects of boron in various forms of arthritis.

Gus J. Prosch, Jr., M.D., until his retirement one of our referral physicians, was recently asked to review an article by Dr. Newnham entitled "Boron and Arthritis: Is There a Connection?" I have abstracted some of Prosch's comments in review of this article:

"Dr. Newnham's findings and research, if eventually conclusively proven, will serve to explain and possibly verify with further research, certain unexplained observations I have made in my own private practice when treating numerous patients with Rheumatoid Arthritis, Osteoarthritis and Osteoporosis.

"In treating arthritic and osteoporotic patients, I consistently observe better results when

BORON continued on next page

I supplement the diet of these patients with either Calcium Orotate or Calcium Aspartate along with Norwegian Cod Liver Oil — which I feel is the best source of natural Vitamin D<sub>3</sub>. The D<sub>3</sub> more efficiently helps regulate the excessive excretion of calcium than the more commonly used synthetic vitamin D<sub>2</sub>. I've noticed that using Calcium Carbonate or other forms of calcium do not give the same consistent results as in the orotate or aspartate forms. Dr. Hans Neiper claims the orotate and aspartate forms of calcium carry the mineral directly into the cells to be utilized more efficiently. I have often wondered why the more common forms of calcium do not perform as well as the orotates and aspartates.

"Dr. Newnham states that the parathyroid gland contains more boron than any other tissue in humans. Boron enhances parathormone activity which is the prime organ controlling bone mineralization. Dr. Newnham's research makes me now consider that if arthritic patients are deficient in boron, there is a strong possibility that the parathyroid bone mineralization effects are not functioning efficiently. By supplementing these patients with boron, could the patients be given regular forms of calcium such as calcium carbonate and would they receive the same benefits as by using the orotates and aspartates?"

"Dr. Newnham's article also stimulated my imagination concerning the possible imbalance of certain anabolic hormones in arthritics as well as the known deficiencies in osteoporosis patients such as 17-beta estradiol and testosterone. I have previously noted further improvement in treating many arthritic patients and in nearly all osteoporosis patients when I supplement these patients with small amounts of these anabolic hormones. Dr. Newnham further documents a previous study by Nielsen and Hunt which proved that a boron supplemented diet with post-menopausal osteoporosis patients markedly reduced their urinary excretion of calcium and magnesium as well as greatly elevated the serum concentrations of 17-beta estradiol and of testosterone. The increase in the serum concentration of these anabolic hormones may eventually prove, with further research, to be the reason many arthritic patients respond in a more positive manner to any therapy when they are given the hormones. It is obvious why osteoporosis patients respond better when given these hormones.

"Dr. Newnham's article confirmed other observations I have noted in treating arthritic patients. For the past five years I have been a dedicated proponent of [The Rheumatoid Disease Foundation treatment program]. Provided I adequately supplement the patient's diet with various nutritional supplements, I have experienced an eighty percent remission rate in these patients

... I have noticed that approximately sixty-five percent of Rheumatoid Arthritis patients and twenty-five to thirty percent of osteoarthritic patients undergo the Herxheimer reaction when treated with [The Rheumatoid Disease Foundation medications and The Proper Nutrition for Rheumatoid Arthritis]. (See *The Herxheimer Effect*)<sup>25</sup>

"Dr. Newnham has in his research verified the fact that arthritic patients undergoing treatment with Boron supplementation often experienced the Herxheimer reaction and the reaction is always a good prognostic sign." [In Dr. Newnham's article], considerable evidence presented is strictly demographic in nature and this type of evidence [is not conclusive]. As I read the article a second time, the demographic studies took on an entirely different importance to me and I found the accumulated information extremely interesting. All in all, I feel that Dr. Newnham did a remarkable job in collating and presenting this information...

"[Dr. Newnham's] article has some deficiencies and inadequacies but the merit and reasoning of the article far outweighs the negative points. It is definitely not an illogical hypothesis and the theory presented certainly does not conflict with present day thinking and especially from a nutritional standpoint. . . I believe the article will motivate further research from the published findings."

Rex Newnham, D.O., Ph.D., N.D.<sup>16</sup>, states: "As we use more and more superphosphate on our food crops the availability of soil boron is decreased. It is estimated that most people in western societies ingest less than 2mg boron daily. This is based on the analysis of school meals in the U.S.A.<sup>17</sup>, but analyses earlier in this century put the figure at 8mg<sup>18</sup>."

"The prevalence of arthritis seems to follow inversely the availability of boron in the soil. Jamaica has least boron and 70% with arthritis.

"Mauritius has very little and has much arthritis. Northern Thailand is very short of boron and has much arthritis but no figures are available. In Fiji the Indians have much more arthritis than do the Fijians, and the reason is that Indians eat mostly rice while Fijians eat mostly starchy root vegetables. Monocotyledons have much lesser need for boron than do the dicotyledons."

#### "The Theory Behind Boron Metabolism

"Based on work done at Oxford in the Agriculture Faculty<sup>19</sup> it is believed that at the cellular level mineral metabolism is similar with both plants and man. If this can be relied on, then boron is a membrane catalyst which allows various ions to pass through the cell membrane, particularly phosphates to support synthesis of ATP. This will give energy for efficient repair. It is obvious that in Osteoarthritis the cartilage is worn out, if it is because it lacks the necessary energy for cell division, it explains the action of boron. Then in Rheumatoid Arthritis there is an autoimmune reaction for no known reason. It is suggested that the reason is that certain collagen fibres are overage and cannot repair themselves, due to lack of energy-rich compounds within the cells."

In an article entitled "Prevention is Better Than Cure The Sad Story of Arthritis and Osteoporosis" by Rex E. Newnham, Ph.D., D.O., N.D., Newnham has said, "It has been said that if we grow old enough then we will all get arthritis. Old enough is generally in the fifties or sixties, but some survive to the eighties or nineties without any arthritis. In recent years, especially in some countries there are growing numbers of young children who develop juvenile arthritis or Still's disease; and some of these are even too young to walk. Just recently a case was brought to my attention of a young girl aged 9 months, but she was crying much and was evidently in pain, then it was noticed that some of her joints were swollen and red. This was juvenile arthritis and we were able to cure her in 2 weeks using mineral nutrients. The orthodox method would have been to give her pain killing drugs, in fact these are used for all arthritis.

"In America there are Poison Control Centres where every case of poisoning is reported, and it is seen that analgesics or pain killing drugs are responsible for many deaths each year. The latest figures show that these have died from taking analgesics in recent years as shown in brackets: 22 in 1983, 52 in 1984, 87 in 1985, 82 in 1986, 93 in 1987, 118 in 1988, 126 in 1989, a total of 580 in 8 years and the numbers seem to be increasing as time goes on. There is not much hope for arthritics here.

"The latest of these analgesics are called NSAIDs or Non-Specific Anti-Inflammatory Drugs [also Non-steroidal Anti-Inflammatory Drugs] but they will induce stomach bleeding and ulcers. The Food and Drug Administration admits that these drugs cause 200,000 cases of gastric bleeding each

year and many of these have to be hospitalised. Probably 2,000 of these die each year and these drugs are mainly used for rheumatoid arthritis. We badly need some good preventive for this disease.

"All our chronic diseases seem to be increasing and this is a bad effect of modern medical methods. Acute diseases can generally be relieved, or at least the severe symptoms are covered up, but there is evidence that sometimes when the cause is not corrected the trouble goes deeper only to be manifested later in some other chronic disease. This is well seen when people have a number of dental fillings, but then the metals in their mouth set up an electrical discharge and the people complain of allergies, pains that are difficult to diagnose, digestive problems, multiple sclerosis, myalgic encephalitis, even heart problems have all improved when these toxic metals were properly removed from teeth. Yet most people accept these fillings as normal.

"There is osteoporosis which is another bone disease in which calcium is constantly lost, it attacks women after menopause and men after age 70. One can see old men and women who are hunch backed and stooping for very age. This is due to collapse of vertebrae. It is generally associated with much pain and inability to do necessary tasks. The bones are weaker and will break more easily, especially at the places where there is more tension, such as the hips and the wrist. This means that there are many old ladies filling hospital beds for 3 or 4 months at a time while their hips heal and they are taught to walk again.

"Thirty years ago it was discovered that arthritis was associated with a dietary deficiency of the mineral boron. This mineral is present in all good soils, in fact plants will not grow without it. Some parts of the world have more boron than others and less arthritis too. The land of Israel has more boron than is usual in the waters of the Jordan river and the underground water, which is used for irrigation, has 0.2 parts per million boron. Israeli people have about 10 mg a day of boron in their diet and in that whole land, according to professor Bentwich of the Kaplan Hospital and Hebrew University, who did a survey that showed there was only 0.35% of the people with rheumatoid arthritis; and he estimated that a similar number had osteo arthritis a total of 0.7%

"In Britain, U.S.A., Australia, New Zealand and South Africa people have from 1 to 2 mg boron a day in their diet on the average, yet there is 20% of the population with arthritis. There are isolated areas in some of these countries where there is more than average boron in soil or water, such as at Carnarvon in Western Australia where only 1% of the people have arthritis, and Ngawah in New Zealand where nobody has arthritis but people go there to enjoy the spas that are rich in boron.

"In the last 15 years something over 500,000 people have used a boron food supplement tablet so as to get rid of their arthritis. They take 3 tablets a day while they have arthritis and in about 1 to 3 months they can get rid of all the pain, swelling and stiffness. Those who have rheumatoid arthritis generally experience an early aggravation when there is more pain. This is called an Herxheimer reaction and is a good thing as it shows the remedy is working, but they must persevere and in another 2 or 3 weeks all the pain and swelling and stiffness has gone. Then they revert to one tablet a day for a maintenance dose so that they can avoid any more arthritis.

"The American Human Nutrition Research Center has shown that a similar boron supplement will reduce the daily loss of calcium by nearly 50% and this would mean that victims of osteoporosis would live longer and be free of pain and discomfort. This is partly brought about by raising the levels of sex hormones present in the blood. Some of the women in the American trial were using HRT or

for the Eradication of Rheumatoid Disease, Inc., AKA's The Rheumatoid Disease Foundation and The Arthritis Trust of America.

Except for Wyburn-Mason and Pybus who lived in England and South Africa, respectively, we remaining three appeared before a potential fundraiser in North Carolina to encourage them to finance through direct mail solicitation our new non-profit, charitable research foundation. Our efforts were successful, and so Dr. Prosch was one of those responsible for helping this foundation get the good message out to folks that Rheumatoid Disease is curable.

In addition to research work in South Africa performed by Pybus and Davies, several times Dr. Paul Pybus came here at his own expense from South Africa to help us with our funded scientific studies.<sup>1</sup> He and Gus also worked on the development of Intra-neural Injections, a treatment that gave Gus the reputation of being "The Needle Man"<sup>2</sup> in addition to being "The Fat Doctor."

It was early discovered that the Wyburn-Mason/Blount treatment for rheumatoid diseases, coupled with the Wyburn-Mason/Pybus/Prosch techniques of Intra-neural Injections made for a far faster recovery.

Although my recovery from Rheumatoid Arthritis was clear -- absence of inflammation, swelling, depression, and the increasing number of painful joints -- I still had enduring painful joints. Dr. Prosch opened his office on a weekend to dampen those joints with Intra-neural Injections, and so I became the first to experience the wonderful benefits of this newly developed treatment.

Gus freely taught these techniques to whomever would learn them, including a lecture trip to Guadalajara, Mexico where Hector Solorzano del Rio, M.D., Ph.D., D.Sc. translated his talk. That booklet is *Memorias Del Seminario Sobre La Enfermedad Reumatoidea*, available for free on our website "books" at <http://www.arthritis-trust.org>.

On July 14, 1984 in Atlanta, Georgia and again on November 8, 1986 in Santa Monica, California, Gus Prosch contributed greatly to the success of our only two medical conventions, the latter where both physicians and patients participated in the lectures and Intra-neural Injections.

Gus was also instrumental in developing, along with other physicians, the first "standardized" treatment protocol for rheumatoid disease victims found in all of our publications.

Whenever we met -- usually at medical conventions -- we chummed around together, becoming, together with his wife, Patti, fast personal friends.

When Gus and Patti retired, they purchased farm land in Alabama and built a wonderful home, housing it with some of the largest dogs ever. How they could tolerate dogs as large as small ponies nuzzling them from room to room very few could understand, but Gus dearly loved those giant animals, and they loved him.

Later, when Gus had what appeared to be a stroke, they sold this wonderful farm and purchased a house overlooking a beautiful lake in Guntersville, AL. My wife, Lucy, and I made several overnight trips there, concerned that on each visit, this fine, dear long-time friend was slipping evermore -- as all of us will do in time.

Gus graduated from Howard College (now Samford University) with Bachelor of Arts and the University of Alabama School of Medicine in Birmingham, AL with his Doctorate in Medicine.

He served in the U.S. Navy at the U.S. Navy Hospital in Jacksonville, FL, and at the U.S. Navy

Armed Forces Examining Center in Nashville, TN.

He liked to call himself a country doctor because of his early practice in Bridgeport and Rainsville, Alabama.

He practiced in Birmingham, AL until retiring in 1998. Here he had built the largest alternative medicine clinic in the Southeast, one of his proudest achievements, his patient cure rate having maintained a consistent 80% for so-called "incurable" rheumatoid disease, including rheumatoid arthritis, since 1982!

He was also a familiar voice for five years on WDJC radio station, his program "Better Health With Dr. Prosch." In addition to a daily televised health show, Dr. Prosch delivered numerous Community Health Forums to the lay-public and Church including on Hypertension, Diabetes, Recent Advances in Rheumatoid Disease, Cardiovascular Disease, Obesity, and Nutrition.

Dr. Prosch described his personal ministry this way: "My primary goal in life is to obey God and to magnify His name in the health field. I depend on the Holy Spirit to guide BioMed Associates and myself to overcome the principalities and powers that cause sickness and illness in all humanity. To do this, I've conducted a daily, 15 minute radio show for the past 4 years entitled 'Better Health With Dr. Prosch'. This show is dedicated to Christ Jesus and it's purpose is to lead, direct and motivate all listeners to change their lifestyles, diet, and beliefs to promote better health. This program is very successful in helping humanity and all listening Christians to better health and God has tremendously blessed me and my Clinic through this broadcast."

I recall his great amusement and delight when medical students called in to his radio program -- which permitted listener feedback -- because "They'd never heard anything like I'm teaching them!"

Although he eventually decided against supporting pharmaceutical drug research for profit as it wasn't helping his patients toward wellness, his clinical research from 1990 included a number of pharmaceutical studies.<sup>3</sup>

He also wrote or lectured on many subjects.<sup>4</sup>

Dr. Prosch was Board eligible for the American Board of Internal Medicine. He was a member of the American Society of Bariatric Physicians, American College of Advancement in Medicine, Occidental Institute of Chinese Studies, Academy of Rheumatoid Diseases (1988 - President) Founding Member, American Osteopathic Academy-Sclerotherapy, North American Academy of Musculoskeletal Medicine, American Academy of Environmental Medicine, American Academy of Orthopedic Medicine.

Gus was preceded in death by his son Tres Prosch, a factor that weighed heavily on his beingness.

Besides his wife Patti, he's also survived by son Keven of Amarillo, Texas and daughters Rene (Wesley) Horne of Woodstock, Georgia and Rebecca Prosch of Canton, Georgia, and also, of course, by grandchildren and great grandchildren.

We can't leave this Memoriam without mentioning his surviving furry dog friends Stonewall Jackson, Ray Charles, Gretchen and cat Buddy who will surely miss him as much as his many professional and lay friends and as much as I will certainly miss him.

1. Medical College of Virginia, Bowman Gray School of Medicine, Vanderbilt University and University of Tennessee.

2. See the "Books" tab for *Intra-neural Injections* . . . on our website at <http://www.arthritis-trust.org>.

3. Englishman Roger Wyburn-Mason, M.D., Ph.D., nerve specialist, was the first to describe the causation principle of joint damage from tender nerve locations, sometimes called "trigger points," in arthritis and arthritis-like pain.

South African Dr. Paul K. Pybus, his former house physician, learned to implement in clinical practice Wyburn-Mason's theories of intra-neural injections, successfully using his discoveries for more than 20 years.

American Keith McElroy, M.D. independently discovered the same principles, and applied them to his patients, also for many years.

Dr. Paul K. Pybus and Gus J. Prosch, Jr., M.D. explored additional key "trigger points," until it became clear to them that a virtual one-to-one correspondence existed between painful neuroma and acupuncture points -- but not always so.

Dr. I.H.J. Bourne, a friend of both Dr. Roger Wyburn-Mason and Dr. Paul Pybus, also developed the use of intra-neural injections which he published as "Musculoskeletal Disorders: Local Injection Therapy." His paper has been added to the rear of our *Intra-neural* . . . booklet available on our website.

Specialists in musculoskeletal pain have long used area-wide; i.e., non-specific "trigger points," intra-neural injections and intra-articular injections, as well as nerve blocks to relieve pain. In other words, although their medical territory was not really inclusive, they unwittingly discovered some of the same patient points for pain relief. We recommend the W.B. Saunders book, *Atlas of Pain Management Injection Techniques* by Steven D. Waldman, M.D., J.D. as an excellent supplementary book to the Pybus and Philbert book mentioned below. (It is very convenient for doctors who are into reimbursement via insurance, as it gives the insurance code that is acceptable for each of the injections.) The artwork is excellent, and there can be no doubt as to how to inject in the various parts of the body. The text is quite appropriate, giving not only the how, but also contra-indications, et. al.

Of most importance, however, for more than 50 years American Harry H. Philbert, M.D. independently developed the use of "Specific Injection Therapy," covering many of the same aspects as the publications reported above. *The Anatomy of Pain: Specific Injection Therapy*, is a well-done report of Dr. Philbert's research that can be obtained by writing or calling Harry H. Philbert, M.D., 213 Live Oak St., Metairie, LA 70008, telephone (504) 837-2727; Fax (504) 831-3380.

Dr. Philbert's work will shock most medical practitioners, as he claims through his techniques alone to have improved the lot of many painful patients, and, in particular, has easily cured bronchial asthma, and other conditions, including some coronary problems.

3. "LY237216 versus Erythromycin Base in Streptococcal Pharyngitis/Tonsillitis, Acute Superimposed on Chronic Bronchitis, Lobar Pneumonia/ Bronchopneumonia, and Bacterial Skin/Skin Structure Infections" [B9Z-MC-AQAB(e), LY237216]; from 1989-1991: "Tramadol Hydrochloride: Safety and

SEE MEMORIAM on next page

Efficacy Compared to Acetaminophen With Codeine Phosphate in Elderly Patients with Chronic Pain." McNeil Pharmaceutical; from 1989-1990: "LY163892 vs. Augmentin in Bronchitis," Lilly Research Laboratories; from 1989-1990: "LY163892 vs. Augmentin in Lobar Pneumonia and Bronchopneumonia," Lilly Research Laboratories; 1981-1984.

4. "Intraneural Injections - A Treatment For Arthritis;" "Medical and Nutritional Management Of the Obese Patient;" "Anti-Microorganism Treatment of the Rheumatoid Disease;" "Allergy and Sensitivity as a Relationship to Food and the Environment;" "Chronic Candidiasis Medical and Nutritional Management;" "Effects Of Stress and Strain on Ligament and Tendons - A Cause of Joint Instability;" "Anti-Microorganism Therapy--An Alternative Treatment for Rheumatoid Disease;" and "The Use of EDTA (Chelation Therapy) Treatment and Prevention of Arteriosclerosis."

Dr. Prosch's publications also include: "Anti-Amoebic Treatment For Rheumatoid Diseases," *Journal of Rheumatoid Disease Medical Association*, Vol. 1, No. 1, pg 12, 1986; "Arteriosclerosis," *Journal of Academy of Rheumatoid Diseases*, Vol. 1, No. 2, pg. 11, 1987 - AmCO-DEX; "Anti-Amoebic Treatment For Rheumatoid Diseases," *Journal of Rheumatoid Disease Medical Association*, Vol. 1, No. 1, pg 12, 1986; "Arteriosclerosis," *Journal of Academy of Rheumatoid Diseases*, Vol 1, No. 2, pg. 11, 1987; "Anti-Amoebic Treatment of Rheumatoid Diseases," *Journal of Academy of Rheumatoid Diseases*, Vol. 1, No. 2, Page 15, 1987; "Anti-Amoebic Treatment of the Rheumatoid Diseases," *Journal of Academy of Rheumatoid Diseases*, Vol. 1, No. 3, pg. 59, 1987; *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis*, [Anthony di Fabio, M.A. & Gus J. Prosch, Jr., M.D.], The Arthritis Trust of America, 1997. CODEX refers to the Codex Alimentarius Commission, a branch of the World Health Organisation which oversees A CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES. This committee meets annually. Hundreds of delegates attend ranging from representatives from 48 member countries to representatives of giant food

Hormone Replacement therapy, and the blood levels of these hormones was the same as that of those who were using the boron supplement. HRT has the disadvantage that there can be a higher risk of breast or endometrial cancer. The boron treatment has no such risk as the hormones are made by the body and there is no synthetic material introduced to the body.

"In the mid 1980s a double blind hospital trial was conducted in Melbourne that showed these boron tablets were very efficacious and quite safe. The authorities were looking for ways to stop the use of a boron supplement and did many pathological tests which all proved the complete safety of this supplement. Since then there have been many other boron tablets on the market, and some use different compounds of boron which have never been proven, so it is best to use those brands that have been proven in such a way.

"The reason for the lack of boron in some soils is largely that they have had too much soluble fertilizer applied in recent years, and this in turn inhibits the uptake of the trace minerals such as boron. Farmers have to use methods that will ensure a quick return so they use these fertilizers, but the real quality of the produce suffers. The country where this is seen at its worst is Jamaica, where sugar has been grown for 200 years and the growers started using soluble chemical fertilizer in 1872. The soils are quite worn out and so are the people; 70% of them have arthritis and even the dogs in Kingston are limping. Most British and American soils have three times as much available boron in the soil as is found in Jamaica.

"Fruits and vegetables are the common foods which are rich in boron; honey is also a good source. But these foods should be organically grown. A good apple can have 20 mg boron, but an ordinary apple grown with fertilizer can have as little as 1 mg boron, or maybe less. The same applies to certain other fruits.

"So it seems that the taking of boron should be the first thing to do to prevent or cure this disease."

#### Sources

Apparently also boron stimulates in a positive way, hormonal factors for both men and women, resulting in healthy bones.

Aging factors, of course, are also involved in Osteoarthritis, and for that reason various treatments aimed at improving metabolism and the general ability to repair oneself, are obviously in order.

Vitamin Research Products, (1-800-VRP-24HR: toll free number) sells a new Boron Formula which contains Boron (from boric acid) 3 mg; Calcium 60 mg (from Calcium Ascorbate and Calcium Citrate); Magnesium 30 mg (from magnesium oxide); and Vitamin C (from calcium ascorbate) of 90 mg.

Gus Prosch, Jr., M.D. orders for his patients Boron Citrate from Bio-Tech (1-800-345-1199 toll free telephone; in Arkansas 1-501-443-9148).

Patients who wish to order Osteo-Trace™, a vitamin mineral supplement developed by Dr. Rex Newnham, and the Arthritis and Rheumatism Natural Therapy Association of England, may do so through the address of Rex Newnham Cracoe House Cottage, Cracoe, Skipton, North Yorkshire, England BD23 6LB. Dr. Newnham says that these supplements are the culmination of 15 years of research and manufacture of boron tablets. Any doctor or patient or health food wholesale or retail agency may order through this source.

Dells Heathology, P.O. Box 281, Wisconsin Dells, WI 53965 sells Bone Salts containing 3 mg. Boron and Magnesium as carbonate, with vitamins B<sub>1</sub>, B<sub>6</sub> and Calcium Pantothenate, Zinc and Silica.

All these do help certain forms of Arthritis and have been well tested, according to Dr. Newnham.

[Osteo-Trace has two main suppliers in the USA; Dr. Don Brenn, 1535 N. Limestone St., Springfield, OH 45503; Lawrence Mummie, 1321 Meridian Avenue, S. Pasadena, CA 91030. Other physicians and supplement suppliers also handle this product. Dr. Newnham's booklet, *Away With Arthritis*, can be ordered through this foundation for \$10 donation. Please wait six weeks for your order.)

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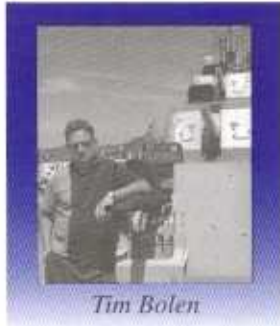
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## Destruction of the Supplement Industry by Trans-National Drug Companies

(Source: Tim Bolen at <http://www.quackpotwatch.org/opinionpieces/codex-sickness.htm>)



Tim Bolen

and pharmaceutical corporations. Dr. Wong Peng, Director of The Humanitarian Project: Health For All in Malasia, was present at the 2003 Codex committee held in Bonn Germany. In a summary of that meeting Dr. Peng writes: "Driven by the interest of their multinational corporations, particularly from the pharmaceutical and food manufacturing industries, the EU [European Union] put forward suggestions that will eventually protect the interest of these industries." This Codex committee purports to decide whether or not consumers in the world can have vitamins, minerals and other essential nutrients and how much they can have, and if so, who will provide them.

CODEX is an annual World Health Organization (WHO) sponsored gathering of delegates in Europe, many of them trans-national pharmaceutical corporations who are primarily focused on increasing their market by pushing their arbitrary regulatory "standards" into a global standard and forcing it onto the smaller supplement industry, all in the name of "international regulatory excellence."

The CODEX Committee is also bound by the World Trade Organization (WTO) treaties.

While it's not the purpose of this newsletter to discuss the pros and cons (if any) of CODEX, we feel it is very important that everyone know of pending dangers that have been moving forward year by year. These dangers involve losing the ability to purchase reasonable sizes of supplements -- vitamins, minerals, essential fatty acids, herbs, et. al. -- without a physician prescription which, of course, will stifle cheap and effective means for supplementing their lack in modern foods, or for the natural treatment and cure of many illnesses, at ever-increasing cost.

Control of the supplement industry thru pharmaceutical trans-nationals obviously means increased sickness, cost and death!

In a special release April 1, 2005 from Sydney, Australia, Eve Hillary, Health Freedom Advocate, medical analyst, public speaker and writer, clearly defines the power that combined groups of the most powerful trans-national pharmaceutical companies have had in almost totally destroying a healthful and otherwise benign vitamin and mineral industry in Australia and New Zealand, in the name of "protecting" the folks.

"WTO is a global commercial police that ensures countries are required to purchase from trans-national corporations in favour of their own locally produced goods, in the name of "lowering trade barriers."

"... CODEX is in the process of wiping out local supplement companies and natural health care practices, to bring in more drug based medicine, in what is euphemistically known as "creating a level playing field," while primarily giving the public a misleading impression that someone in the World Health Organization (WTO) is looking after its health and safety.

"... Primary data about CODEX is not easy to find. And there remains deliberate misinformation emanating from government sources with close ties to trans-national corporations.

"It is my intention [Eve Hillary] to reveal the fact that trans-national corporations have already assumed the role of government at least where health is concerned."

Eve Hillary says that the trans-national pharmaceutical companies, together with glossy advertising companies and governmental regulatory agencies, have consistently lied to the Australian and New Zealand population about many things, including, dangers of supplements, safety of drugs, the innocuousness of CODEX, and, the signing of treaties with controlling corporations which, in fact, have not been seen or approved by democratic voters of Australia or New Zealand.

Eighteen thousand deaths occur in Australia each year, killed by inappropriate doctoring and prescribed pharmaceutical drugs that are licensed by the Australian regulators.

No enquiries by Australian parliament!

In addition 50,000 are maimed and disabled, not by their diseases, but by the "health care system" which includes bad doctoring and serious or permanent damage from drugs licensed by the Australian government. One hundred and eighty seven Australians are killed each day -- seven killed or maimed each hour by conventional health care -- more than all the Australians killed in all of their wars!

No investigation!

Mainstream media, instead, concentrates on spurious reports, allegedly an allergenic reaction, or some such, against Royal Bee jelly.

Huge investigation!

And the placing of new warnings on Royal Bee labels!

The largest Australian supplement supplier, Pan, was raided and shut down by joint action of Australian regulators directed and controlled by the conglomerate representing large trans-pharmaceutical companies -- *although not one complaint was ever filed by an Australian citizen!*

Smaller supplement companies were then systematically "regulated" out of business!

"Without Australians' knowledge or consent the TGA (The Australian regulator -- similar to our FDA regulatory agency) gave multinational companies the power to expand into and monopolize Australian markets and shake out the Australian competition. This was done under the guise of protecting the Australian public health when there is nothing more than a trade war going on. ... This enables the drug companies to destroy and take over the supplement market while continuing to profit from many particularly dangerous drugs that are known to kill and disable humans.

"When I refer to nutritional supplements and essential nutrients I refer primarily to all the essential nutrients including minerals, vitamins, amino acids, and omega oils that are essential to sustaining a physical human body on a daily basis, without which there would be no health, healing or life. These are not drugs. They are the nutrients

everyone must ingest daily to sustain physical health and maintain life in a physical body. These essentials have been found abundantly in food in the past, "However, 'modern' agriculture under the influence of multinational chemical companies has been responsible for the depletion of soils from which poor quality foods are grown that are depleted of essential nutrients. To retain their health many people have resorted to taking nutritional supplementation of essential nutrients. In many countries these supplements are now regulated as drugs due to the CODEX influence upon the regulators. Essential nutrients are not drugs. They are as essential to life as is oxygen or water. Any excess nutrients are excreted just like oxygen or water."

So that all countries could be controlled by one massively powerful corporate structure that would whistle to CODEX's tune, control of the following was needed:

1. The World Trade Organization (WTO) for gaining entry into domestic markets and abolishing ("leveling") competition.

2. World Health Organization (WHO) Codex committee that sets ridiculous "standards" for all supplements to be classed as drugs, which eventually will only be allowed to be made synthetically by drug companies in line with "international standards" and not by local manufacturers using inexpensive natural raw ingredients.

3. A corporately structured regulator out of the Elector's (voters) reach who would "regulate" wholly in the interests of the drug companies.

4. An international treaty (Joint trans-Tasman treaty) that would set the foundation for the new international regulator over Australia and New Zealand (the Trans Tasman joint Agency) that would be run as a corporation in partnership with trans-nationals and the TGA (regulatory agency) and be in the international jurisdiction of CODEX.

5. An advertising agency that would serve the new Trans-Tasman Joint Agency with an advertising code that would "legalize" the advertising of multinational's pharmaceutical drugs directly to consumers, while at the same time preventing supplements from being advertised.

**The process of establishing the above framework proceeded largely without public knowledge or approval!**

A sample of how the public is kept bamboozled via lies told by governmental bodies, Complementary Health Care Council, and the media is the following, widely distributed:

"CODEX is only about food and not about supplements. The public is being ill informed about CODEX and confused by persons on the internet with 'alarmist views' who do not fully understand how the CODEX works.

Australia only has someone from the fisheries department as representation!

Be careful of internet information which is "inaccurate," "alarmist," and "ill informed."

Just as the American quack, quack busters have propagated lies, half-truths and illusions regarding complementary/alternative medicine and its practitioners -- as uncovered in recent court rulings -- our own governmental agencies have comforted us with illusions, half-truths, and out-right lies about WTO, WHO and CODEX intent! [See <http://www.quackpotwatch.org>]

Incidentally, there is no one versed in comple-

SEE CODEX on next page

mentary or natural medicine on the "Complementary Health Care Council."

Vioxx, long touted for easing arthritic pain, was reported in the American Senate Finance Committee as having caused 55,000 deaths alone, more than the 28,000 projected by the FDA. Dr. Graham, speaker, also indicated that Vioxx may have caused as many as 160,000 heart attacks, strokes and deaths, combined.

Eve Hillary says that, "Under [CODEX], a person couldn't make a carrot juice or squeeze an orange juice without being likely to exceed CODEX guidelines for vitamins. This is done so anything exceeding the Committee's low recommended daily intake can be classed as a drug and sold for a huge profit margin in a synthetic form rather than to allow cheap naturally derived supplements made by local manufacturers to be freely available. In Germany where CODEX guidelines are already in place drug companies now exclusively provide miniscule doses of vitamin preparations that must be dispensed by a chemist and are sold for exorbitant prices. Naturopaths and wholistic doctors have been prescribing therapeutic doses and even mega doses of vitamins for over a hundred years with excellent effect. If CODEX recommendations are adopted, the speciality of wholistic health and wholistic medicine may be lost or disregarded for the sake of drug company profits.

Contrasting Vioxx -- just one drug -- against the virtually complete safety and effectiveness of supplements, arthritics -- indeed all Americans -- had better take a stand against CODEX and related subterfuges!

## BEQUESTS

### Plan Us Into Your Future

A good way to make your contribution live for years onward is to plan us into your will.

A bequest such as those provided by others provides that a specific amount of money, property or a percentage of your estate be given to *The Arthritis Trust of America*.

A general guideline for making such a provision is this: "I give, devise and bequeath to *The Arthritis Trust of America* the sum of \$ \_\_\_\_\_" (or describe the real or personal property).

All contributions to *The Arthritis Trust of America*® are tax deductible to the full extent allowed by law.

While easy to write, best that you work this provision out with your attorney or CPA - and again, many thanks!

## LETTERS TO THE EDITOR

Thank you for your letter regarding the contributions friends and family members have made to The Arthritis Trust of America in my mother's behalf. My mother was diagnosed with Rheumatoid Arthritis 25 years ago at the age of 53 and she struggled with chronic pain, limited mobility, and the disfiguration of her hands and feet for what seemed like an eternity. Her lifestyle was greatly impeded and she experienced severe bouts of depression, hopelessness, and frustration. Even with a myriad of medications, my mother never seemed to fully enjoy too many years of her life. She was inexplicably stricken by this insidious and cruel disease as it slowly but surely took away her last breath. As a nurse, I have seen too many times how this disease has robbed its victims of their hopes, dreams, and wishes. I pray that the contributions made today in my mother's memory, will bring about new insights and ways in which rheumatoid arthritis can be managed and someday even cured.

Sincerely, C.N.

*As a former rheumatoid arthritic I well understand your mother's pain, disfigurement, and "loss of visions of hopes, dreams, and wishes!" I believe I was around 52 (now 80) when I was stricken with what my family doctor called "galloping" arthritis. He advised that it was going rapidly and soon I'd be quite crippled. With a wife and ten children, this was a terrible blow to more than pride.*

*The good news -- as the enclosed article explains -- is that after several years of suffering I got well. The article "Rheumatoid Arthritis: Two Case Histories" tells my story under my pen-name of "Anthony di Fabio," together with the story of Jack M. Blount, M.D. [<http://www.arthritis-trust.org>]*

*Also as a former arthritic, I sincerely regret not having been able to explain to your mother the many factors that bring about rheumatoid diseases, -- over 100 different forms -- including rheumatoid arthritis. The physical body has only limited ways of responding to various stimuli. So any one of a number of stressors can precipitate rheumatoid arthritis. It's sort of like the camel with too many straws on its back. The weakened immune system comes about thru (1) improper nutrition, (2) yeast-fungus infections, (3) allergy components, (4) tissue sensitivity to various micro-organisms, (5) accumulated mercury, (6) pesticide and herbicide storage in the lipids, (7) foreign intestinal microflora; that is, a lining loaded with various parasites, et. al., (8) hormonal imbalances, and so on. Remove these stressors, and health occurs!*

*We've doctors who've cured about 80% of their arthritics consistently since 1982. Were the remainder to take it all seriously, and to also explore these important avenues, most would achieve wellness. But alas! Talking people into changing their lifestyles and exploring treatments foreign to the traditional medical paradigm is often an impossibility. Everyone wants a magic pill!*

*As a nurse you will understand that the large pharmaceutical corporations control virtually 100% of the art of medicine, and that health practitioners can often lose their license, or even worse, go to jail, for not practicing an "agreed" upon approach. Every day another striking breakthrough is announced via the well-funded news media PR campaigns. One NSAID is so much better than another -- but never, ever talk about "cure." Anyone who does so is a quack, by definition!*

*The knowledge on how to cure rheumatoid disease has been available since the late sixties, and at least the seventies. Our foundation with help of many physicians, has refined the process and learned of its many causes from the eighties!*

*Enclosed you'll find our latest book [Arthritis] summarizing all we've learned since 1982. This book, and others, as well as articles, are all available for free on our website [<http://www.arthritis-trust.org>]. Believe me when I tell you that many appreciative letters have come in from those who were once sick.*

*Once again thanks for the gifts on behalf of your mother. Those gifts will be put to good use, be assured!*

*And, let me know if I can help further.*

I've been told that chicken cartilage soothes aching joints. Any truth to this?

K.F.

*Hey! Try it. It might work for you, and certainly it wouldn't hurt unless you happen to be allergic to chicken cartilage -- and I assume you'd already know because you've eaten chicken without known ill effect.*

*Science News (Sept. 25, 1993) reported on a study where 59 rheumatoid arthritis victims were taken off of their traditional pain-relievers and immune-system "modifiers." In a double-blind study, each morning 28 of these 59 drank a glass of orange juice laced with collagen derived from purified chicken cartilage. The remaining 31 drank orange juice containing a placebo. After 3 months there was reported noticeable improvement in the number of swollen and tender joints. Four had complete disease remission. No improvement was made in the control group, those taking the placebo.*

*Of course, by our reckoning, 30% of the group should have noted some improvement or remission. That is, 19 should have shown some random improvement, the ups and downs and the natural disease progress, but the improvement was reported only in the group consuming the chicken cartilage.*

*How well this study was done is not known. However, according to several past statements by Julian Whitaker, M.D., "collagen is collagen" so use the cheaper, easy to obtain Knox Gellatin™. Don't go looking for expensive, highly processed chicken cartilage.*

I've heard and read a lot about Cetyl Myristoleate (CMO) and its ability to cure arthritis. Can you tell us more?

K.L.

*We can only speak from our experience and obviously not for others. Here's some correspondence that is the best answer we can make at this time.*

May 8, 2000

I want to introduce a new doctor to you, Dr. P.L., who worked with a Dr. Diehl and his accidental discovery of CMO, Cetyl Myristoleate, a medium chain fatty acid that seems to perform miraculous things for just about every form of arthritis, better if detox, allergies, and diet are taken care of too. Dr. P.L. has done clinical studies on CMO, and has achieved very high success rates.

It seems that CMO was first discovered by attempting to induce arthritis in a strain of special

# LETTERS TO THE EDITOR

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rats. The rats could not be induced to get arthritis. After looking for the cause, CMO was determined to be a special fatty acid that protected the rats from getting arthritis. Subsequent experiments have shown that it works to stop arthritis and reverse many things. You'll see it all in the [E-mail] file attachment.

He has one good mind, and I thought you would like to meet him. I believe he would be a good ally, as you would be a good ally for him. I told him about you and the Arthritis Trust and he wanted to get in touch, meet you, and talk.

So with his permission, I'm forwarding his manuscript for you to read. It's exciting stuff, but he urges it is not for copying or distribution. Although you might make some arrangement for the future for distribution, I know he wants to get the word out on what he believes to be a major breakthrough and share what he has found.

Hope this works out for both of you. I know about it, since he asked me to edit his manuscript. S.C.

I've now read the book "CMO" and have some very positive things to say about it, and one big clunker: The book is very well written, well organized and quite informative. I'm sure that Dr. P.L. has worked hard digging into this subject.

I've just come off another batch of CMO, and my friend, a medical doctor with a serious hip problem, is still on it.

My problem is this: This foundation got into CMO many years ago. We received repeated calls from various people who knew about and had tried this "miracle" substance. At first we obtained large quantities of the substance without charge, as did Dr. Prosch of Birmingham, Alabama. Prosch, you know, was one of our founders who consistently obtained an 80% cure rate with aging rheumatoid disease victims since 1982. We consider ourselves quite open-minded and willing to try most anything that will benefit arthritis as our goal is to abolish the disease, not to sell a particular treatment. (I note that many of Dr. P.L.'s recommendations align with ours, regarding nutrition, etc.)

Anyway, all the free stuff flopped miserably.

Next, we heard from salespeople who explained that the substances we'd obtained were not the right ingredients, and so, again, we received more free substances, which flopped miserably.

Next time, a more convincing sales person talked this foundation into paying large sums of money for the "right" materials. Again they flopped miserably.

This has gone on now for quite a lot of years.

This foundation received several free bottles of the latest stuff (R-CMO) several months ago with the same nutritional advice found in your book. As it seemed for the first bottle and a half there was some slight improvement in two people, this foundation invested in 9 more bottles. So far, with the same two people, no positive results.

I'd long ago concluded that CMO was an exaggerated wish. Prosch had concluded the same from his experiences with patients — and he was not about to put out more money for trials on patients for a substance that he'd not found effective — but he might have been willing to try it if it were free.

I noted, too, that Dr. P.L.'s CMO book quotes glowing, positive statements from William Campbell Douglass, M.D. prior to Douglass' later comments on CMO. Now Dr. Douglass has a follow-up article calling CMO a hoax.

So, you can understand my dilemma at this point. Dr. P.L. is obviously knowledgeable, has

done much homework, is interested in helping patients, and may be totally correct on all he's written — but without personal experience and/or some additional solid evidence, we remain ready to be convinced further.

I'm also am equally sure that Dr. P.L. would be a very fine person to know, and I'd like very much to become better acquainted.

Since writing the above, the price has decreased considerably as of December 12, 2004. In a newsletter article, "One-time Treatment Can Cure Arthritis for Good," by Jonathan V. Wright, M.D. published in Nutrition & Healing (Vol. 11, Issue 11, December 2004), Dr. Wright seems to restrict use of CMO to Osteoarthritis. A new product from Harry Diehl's daughter and son-in-law, Myristin® is provided in capsule form. Dr. Wright says, "I usually recommend taking six capsules . . . daily for 80 days. If it hasn't worked by then, [it] probably isn't going to, but it works much more often than not, providing total or significant relief for arthritis [Osteo?] symptoms." One uses it until symptoms disappear then one doesn't need it further. Myristin is available through natural food stores, compounding pharmacists and the Jonathan Wright Tahoma Clinic Dispensary.

Can you tell me about alternatives to surgery in the event of a broken hip?

B.P.

Normally I'd say "no" to this question, and advise the surgery, but I recently ran across an excellent reference in Townsend Letter for Doctors & Patients, (Aug/Sept 2001, p.104, "To Operate or Not," by Marion Weil). After many futile attempts to find a doctor willing to forego surgery, she found one willing to work with her and who referred her to a Dutch study published in 1991 "Non-operative Treatment of Impacted Femoral Neck Fractures," abstract published in J Bone Joint Surg BR (1991), Nov. 73 (6): 950-954 by Ernst L. Raaymakers & R.K. Marti. Results reported in this journal were confirmed in "Non-Operative Treatment of Impacted Femur Neck Fractures" by Dr. Ernst LFB Raaymakers Dec. 2002 in Injury Journal, JINJ 33, Supplement 3, pps. 8-14.

At age 60 Marion Weil opted to heal naturally, resulting in good hip fracture repair.

Apparently age 70 or younger is the preferred age level for applying this method.

I recently heard about a non-surgical treatment for herniated discs, but haven't been able to locate anything on the treatment. What do you folks know?

P.G.

Alan R. Gaby, M.D. reported in Townsend Letter for Doctors and Patients (April 1990, p. 203) on the work of Dr. M.R. Rask who treated 6,000 patients with colchicine, both orally and via intravenous injections. Dr. Rask's work was reported in the Journal of Orthopaedic Medicine and Surgery 1989; 10(4):291-298.



Dr. Curt Maxwell

Coincidentally, on a trip to Los Algodones, Mexico (across the border from Yuma, AZ), Dr. Curt Maxwell handed us Dr. Rask's article, and we must confess, on its reading, that Rask's 6,000 patient-results were spectacular.

"Colchicine reduces inflammation of spinal nerve roots and discs, inhibits White Blood Count (WBC) chemotaxis, washes out painful crystalline deposits of uric acid or calcium pyrophosphate dihydrate, increases endorphin producing neurons, shrinks the disc, and inhibits amyloid deposits in the disc."

Dr. Gaby further reports that "In extreme cases, colchicine is administered intravenously at first, according to a specific protocol. Oral colchicine is continued, sometimes for up to 3 years, until the disc is healed."

## NEWS CORNER

### Schizophrenia & Rheumatoid Arthritis

Schizophrenia and rheumatoid arthritis are mutually exclusive, that is, no person can suffer from both diseases. Yet, both of these illnesses often occur in the same family, indicating a genetic component. Researchers have found that the two diseases result from enzyme blockages that prevent the conversion of tryptophan into vitamin B3 (niacin). Depending upon where in the conversion chain the blockage occurs, a person develops either schizophrenia or rheumatoid arthritis.

Australian doctor Chris M. Reading has found, after working with over 400 rheumatoid arthritis patients and 500 schizophrenic patients, that both conditions exhibit similar food and chemical sensitivities. Dr. Reading recommends that patients avoid alcohol; junk food and pressor amine-rich foods (curry, chili, zucchini, capsicum); yeast and fermented foods; gluten-containing grains; cow's milk; beef; eggs; legumes-beans; solanaceae (tomato, potato, eggplant, tobacco); salicylates (plums, apricots, cherries, citrus, apples, currants, raisins, almonds); and tobacco/ cigarettes. As with most elimination diets for food sensitivity, foods are gradually reintroduced as the patient improves. Dr. Reading also recommends supplements to provide additional amino acids, essential fatty acids, manganese, zinc, magnesium and folic acid, and vitamins C, E, and B-complex.

The treatment can reverse the pain and inflammation of the synovial membrane, associated with rheumatoid arthritis. Dr. Reading has also found that the nutritional approach is effective with schizophrenic patients, allowing them to gradually reduce their psychiatric medication.

"Relatives; Schizophrenia & Rheumatoid Arthritis; Including Nutritional Interventions" as written by Dr. Chris Reading in the SOMA newsletter, Australia. Well Mind Association Newsletter, 4649 Sunnyside North, Seattle, Washington 98103 U.S.A., March 1995.

SOMA Health Association of Australia PO Box 180, Bondi Beach, New South Wales, Australia 2026, January 1995.

Townsend Letter for Doctors & Patients -- May 1998

Future editions of The Arthritis Trust Newsletter will feature William Philpott, M.D. recommendations for food sensitivities that will be designed to be specific for individuals.